



## Provider Communication

<b>Subject:</b> Pharmacy: December 7, 2009 Update	<b>Priority:</b> <b>High</b>
<b>Date:</b> December 8, 2009	<b>Message ID:</b> ACSBNR12082009_1

*Dear Providers,*

### **System Downtime:**

The SXC claims processing system will be unavailable due to planned maintenance on Wednesday, December 9th, between 2:00-4:00 a.m. EST. Claims needing to be submitted during these periods should be held until the maintenance is completed. Georgia Medicaid apologizes for any inconvenience this downtime may cause.

### **Point-Of-Sale (POS) Claim Status Response:**

As a reminder, please review the POS Claim Status Response for helpful messaging about your processed claim.

### **Covered Insulin Syringes & Pen Needles Product List:**

For a complete and current list of covered insulin syringes and pen needles (including applicable Georgia Maximum Allowable Cost (GMAC) prices) please refer to [www.ghp.georgia.gov](http://www.ghp.georgia.gov) → Provider Information → Pharmacy Services Overview → View Full Text → Other Pharmacy Documents → Covered Insulin Syringes and Pen Needles.

### **Prevacid® 24hr Over The Counter (OTC)**

Prevacid® 24HR OTC is not covered by the Georgia Medicaid Fee-for-Service (FFS) Program

### **Coverage Changes In Seroquel® 25MG And 50MG Strengths – Effective 12/01/2009**

Starting December 1<sup>st</sup>, 2009 low-dose Seroquel® (quetiapine) 25 mg and 50 mg, taken up to 50 mg/day alone, will no longer be covered for Georgia Medicaid Fee-for-Service (FFS) Members. There will be no disruption to a Member's prescription fills if the Member is using the 25 mg or 50 mg tablets in conjunction with other strengths of Seroquel® to make a total dose greater than 50 mg/day **or** with an antidepressant and/or other antipsychotic.



## **Coverage Changes In Prevacid® – Effective 01/01/2010**

Starting January 1<sup>st</sup>, 2010, Prevacid® (lansoprazole) capsules will no longer have preferred status on the Preferred Drug List (PDL) for Georgia Medicaid Fee-for-Service (FFS) Members. Both Nexium® (esomeprazole) and Kapidex® (dexlansoprazole) are preferred agents for GA Medicaid FFS Members.

For a complete listing of the Preferred Drug List (PDL), go to [www.dch.georgia.gov/pharmacy](http://www.dch.georgia.gov/pharmacy) and select the “Preferred Drug Lists” option.

Prior Authorization (PA) requests should continue to be directed to the SXC Clinical Call Center at 1-866-525-5827.

Please share all of this information with appropriate staff. If you are the corporate office of a chain pharmacy, please provide this information to each of your stores located in Georgia.

We thank you for your continued service and participation in the Georgia Medicaid & PeachCare for Kids Programs.

Division of Medical Assistance  
Pharmacy Services Unit  
404-656-4044